



Your business
is our business.

7852 Walker Drive, Suite 200
Greenbelt, Maryland 20770
phone: 301-459-7590, fax: 301-577-5575
internet: www.jsitel.com, e-mail: jsi@jsitel.com

June 23, 2014

VIA Electronic Comment Filing System

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street, SW
Washington, DC 20554

**Re: WC Docket No. 10-90, WC Docket No. 11-42
2014 ETC Annual Report of FTC Communications, LLC
Study Area Code 249002**

Dear Ms. Dortch:

On behalf of FTC Communications, LLC, JSI files the attached FCC Form 481 ETC annual reporting information pursuant to sections 54.313 and 54.422 of the Commission's rules.¹

Please direct any questions regarding the filing to the undersigned.

Sincerely,

John Kuykendall
JSI Vice President
301-459-7590
jkuykendall@jsitel.com

¹ 47 C.F.R. §§ 54.313, 54.422.

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010> Study Area Code	249002
<015> Study Area Name	FTC COMMUNICATIONS, LLC
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Mayme Carsten
<035> Contact Telephone Number: Number of the person identified in data line <030>	8433821380 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	mayme_carsten@mail.ftc.org

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 300px;"></div> (attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)			
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<450> Mobile	0.0	<input type="checkbox"/>	<input type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">249002SC510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">249002SC610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 300px;"></div>	(attach descriptive document)	<input type="checkbox"/>	<input type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<1110>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	(complete attached worksheet)	<input type="checkbox"/>	<input type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	249002
<015>	Study Area Name	FTC COMMUNICATIONS, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data Mayne Carsten	
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayne_carsten@mail.ftc.org

<110>	Has your company received its ETC certification from the FCC?	<input type="radio"/> (yes / no) <input checked="" type="radio"/>
<111>	If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<input type="radio"/> (yes / no) <input type="radio"/>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113>	Maps detailing progress towards meeting plan targets	<input type="checkbox"/>
<114>	Report how much universal service (USF) support was received	<input type="checkbox"/>
<115>	How (USF) was used to improve service quality	<input type="checkbox"/>
<116>	How (USF) was used to improve service coverage	<input type="checkbox"/>
<117>	How (USF) was used to improve service capacity	<input type="checkbox"/>
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.	<input type="checkbox"/>

[illegible]

(900) Tribal Lands Reporting
Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	249002
<015>	Study Area Name	FTC COMMUNICATIONS, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

<910>	Tribal Land(s) on which ETC Serves
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<920>	Tribal Government Engagement Obligation
-------	---

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010>	Study Area Code	249002
<015>	Study Area Name	FTC COMMUNICATIONS, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	843821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

☐

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers

Lifeline Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div>249002SC1210.pdf</div>	Name of Attached Document
<1220>	Link to Public Website	HTTP	













"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

<p>(2000) Price Cap Carrier Additional Documentation</p> <p>Data Collection Form</p> <p><i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i></p>	<p>FCC Form 481</p> <p>OMB Control No. 3060-0986/OMB Control No. 3060-0819</p> <p>July 2013</p>
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<010>	Study Area Code	249002
<015>	Study Area Name	FTC COMMUNICATIONS, LLC
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035>	Contact Telephone Number - Number of person identified in data line <030>	843821380 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme.carsten@mail.ftc.org

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

<2010>	Incremental Connect America Phase I reporting	
<2011>	2nd Year Certification {47 CFR § 54.313(b)(1)}	
	3rd Year Certification {47 CFR § 54.313(b)(2)}	
<2012>	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}	
<2013>	2013 Frozen Support Certification	
<2014>	2014 Frozen Support Certification	
<2015>	2015 Frozen Support Certification	
	2016 and future Frozen Support Certification	
<2016>	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
	Certification Support Used to Build Broadband	
<2017>	Connect America Phase II Reporting {47 CFR § 54.313(e)}	
<2018>	3rd year Broadband Service Certification	
<2019>	5th year Broadband Service Certification	
	Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	

<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation

Data Collection Form

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)

Progress Report on 5 Year Plan

Milestone Certification (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3011)

Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

(3012)

Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))

Name of Attached Document Listing Required Information

(3013)

Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))

(Yes/No)

(3014)

If yes, does your company file the RUS annual report

(Yes/No)

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015)

Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)

(3016)

Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3017)

If the response is yes on line 3014, attach your company's RUS annual report and all required documentation

Name of Attached Document Listing Required Information

(Yes/No)

(3018)

If the response is no on line 3014, Is your company audited?

(Yes/No)

If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019)

Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3020)

Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3021)

Management letter issued by the independent certified public accountant that performed the company's financial audit.

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022)

Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications

(3023)

Underlying information subjected to a review by an independent certified public accountant

(3024)

Underlying information subjected to an officer certification.

(3025)

Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows

(3026)

Attach the worksheet listing required information

Name of Attached Document Listing Required Information

**Certification - Reporting Carrier
Data Collection Form**

 FCC Form 481
 OMB Control No. 3060-0986/OMB Control No. 3060-0819
 July 2013

<010>	Study Area Code	249002
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<039>	Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer: ext.	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	249002
<015> Study Area Name	FTC COMMUNICATIONS, LLC
<020> Program Year	2015
<030> Contact Name - Person USAC should contact regarding this data	Mayme Carsten
<035> Contact Telephone Number - Number of person identified in data line <030>	8433821380 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	mayme_carsten@mail.ftc.org

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>John Staurulakis, Inc</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	John Staurulakis, Inc
Name of Reporting Carrier:	FTC COMMUNICATIONS, LLC
Signature of Authorized Officer:	CERTIFIED ONLINE Date: 06/20/2014
Printed name of Authorized Officer:	Guy Dent Adams Jr
Title or position of Authorized Officer:	COO Subsidiaries
Telephone number of Authorized Officer:	8433828700 ext.
Study Area Code of Reporting Carrier:	249002 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	FTC COMMUNICATIONS, LLC
Name of Authorized Agent or Employee of Agent:	John Staurulakis, Inc.
Signature of Authorized Agent or Employee of Agent:	CERTIFIED ONLINE Date: 06/20/2014
Printed name of Authorized Agent or Employee of Agent:	Mark A. Ozanick
Title or position of Authorized Agent or Employee of Agent:	Staff Consultant
Telephone number of Authorized Agent or Employee of Agent:	7705692105 ext.
Study Area Code of Reporting Carrier:	249002 Filing Due Date for this form: 06/30/2014
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

FTC Communications, LLC (“FTC”) adheres to the 11 points within the CTIA Consumer Code, including disclosing rates, additional taxes, fees, surcharges and terms of service; providing coverage maps; making customer service readily accessible; and allowing a trial period for new service.

1. FTC COMMUNICATIONS, LLC DISCLOSES RATES AND TERMS OF SERVICE TO CONSUMERS

For each service plan offered to new consumers, FTC discloses to consumers at point of sale and on its web sites, at least the following information, as applicable: (a) the coverage area for the service; (b) any activation or initiation fee; (c) the monthly access fee or base charge; (d) the amount and nature of any voice, messaging, or data allowances included in the plan (such as night and weekend minutes); (e) the charges for domestic usage in excess of any included allowances or outside of the coverage area; (f) for prepaid service plans, the period of time during which any balance is available for use; (g) whether there are prohibitions on data service usage and whether there are network management practices that will have a material impact on the customer’s wireless data experience; (h) whether any additional taxes, fees or surcharges apply; (i) the amount or range of any such fees or surcharges that are collected and retained by the carrier; (j) the amount or nature of any late payment fee; (k) whether a fixed-term contract is required and its duration; (l) the amount and nature of any early termination fee that may apply; and (m) the trial period during which a consumer may cancel service without any early termination fee, as long as the consumer complies with any applicable return policy.

2. FTC COMMUNICATIONS, LLC MAKES AVAILABLE MAPS SHOWING WHERE SERVICE IS GENERALLY AVAILABLE

FTC makes available at point of sale and on its web sites maps depicting approximate domestic coverage applicable to each of their service plans currently offered to consumers. To enable consumers to make comparisons among carriers, FTC generated this map using generally accepted methodologies and standards to depict outdoor coverage. All such maps will contain or link to an appropriate legend concerning limitations and/or variations in wireless coverage and map usage, including any geographic limitations on the availability of any services included in the plan. FTC periodically updates such maps as necessary to keep them reasonably current. If necessary to show the extent of service coverage available to customers from carriers’ roaming partners, FTC incorporates coverage maps from roaming partners that are generated using similar industry-accepted criteria, or if such information is not available, incorporate publicly available information regarding roaming partners’ coverage areas.

3. FTC COMMUNICATIONS, LLC PROVIDES CONTRACT TERMS TO CUSTOMERS AND CONFIRMS CHANGES IN SERVICE

When a customer initiates new service or a change in existing service, FTC provides or confirms any new material terms and conditions of the ongoing service with the customer.

4. FTC COMMUNICATIONS, LLC ALLOWS A TRIAL PERIOD FOR NEW SERVICE

When a customer initiates postpaid service with FTC, the customer will be informed of and given a period of not less than 14 days to try out the service. FTC does not impose an early termination fee if the customer cancels service within this period, provided that the customer complies with applicable return and/or exchange policies. Other charges, including usage charges, may still apply.

5. FTC COMMUNICATIONS, LLC PROVIDES SPECIFIC DISCLOSURES IN ADVERTISING

In advertising of prices for wireless service plans or devices, FTC discloses material charges and conditions related to the advertised prices and services, including if applicable and to the extent the advertising medium reasonably allows: (a) whether activation or initiation fees apply; (b) monthly access fees or base charges; (c) the amount and nature of any voice, messaging, or data service allowances included in the plan; (d) the charges for any domestic usage in excess of any included allowances or outside of the coverage area; (e) for prepaid service plans, the period of time during which any balance is available for use; (f) whether there are network management practices that will have a material impact on the customer's wireless data experience; (g) whether any additional taxes, fees or surcharges apply; (h) the amount or range of any such fees or surcharges that are collected and retained by the carrier; (i) whether a fixed-term contract is required and its duration; (j) early termination fees; (k) the terms and conditions related to receiving a product or service for "free;" (l) for any service plan advertised as "nationwide," (or using similar terms), the carrier will have available substantiation for this claim; and (i) whether prices or benefits apply only for a limited time or promotional period and, if so, whether any different fees or charges will apply for the remainder of the contract term.

6. FTC COMMUNICATIONS, LLC SEPARATELY IDENTIFIES CARRIER CHARGES FROM TAXES ON BILLING STATEMENTS

On customers' bills, FTC distinguishes (a) monthly charges for service and features, and other Charges collected and retained by FTC, from (b) taxes, fees and other charges collected by FTC and remitted to federal state or local governments. FTC will not label cost recovery fees or charges as taxes.

7. FTC COMMUNICATIONS, LLC PROVIDES CUSTOMERS THE RIGHT TO TERMINATE SERVICE FOR CHANGES TO CONTRACT TERMS

FTC will not modify the material terms of their postpaid customers' contracts in a manner that is materially adverse to those customers without providing a reasonable advance notice of a proposed modification and allowing those customers a time period of not less than 14 days to cancel their contracts with no early termination fee.

8. FTC COMMUNICATIONS, LLC PROVIDES READY ACCESS TO CUSTOMER SERVICE

Customers will be provided a toll-free telephone number to access FTC's customer service during normal business hours. Customer service contact information will be provided to customers online and on billing statements. FTC provides information about how customers can contact the carrier in writing, by toll-free telephone number, *via* the Internet or otherwise with any inquiries or complaints, and this information is included, at a minimum, on all billing statements, in written responses to customer inquiries and on FTC's web site. FTC also makes such contact information available, upon request, to any customer calling customer service departments.

9. FTC COMMUNICATIONS, LLC PROMPTLY RESPONDS TO CONSUMER INQUIRIES AND COMPLAINTS RECEIVED FROM GOVERNMENT AGENCIES

FTC responds in writing to state or federal administrative agencies within 30 days of receiving written consumer complaints from any such agency.

10. FTC COMMUNICATIONS, LLC ABIDES BY POLICIES FOR PROTECTION OF CUSTOMER PRIVACY

FTC abides by a policy regarding the privacy of customer information in accordance with applicable federal and state laws, and makes available to the public its privacy policy concerning information collected online. FTC abides by the CTIA Best Practices and Guidelines or Location-Based Services.

11. FTC COMMUNICATIONS, LLC PROVIDES CONSUMERS WITH FREE NOTIFICATIONS FOR VOICE, DATA AND MESSAGING USAGE, AND INTERNATIONAL ROAMING

FTC provides, at no charge: (a) a notification to consumers of currently-offered and future domestic wireless plans that include limited data allowances when consumers approach and exceed their allowance for data usage and will incur overage charges; (b) a notification to consumers of currently-offered and future domestic voice and messaging plans that include limited voice and messaging allowances when consumers approach and exceed their allowance for those services and will incur overage charges; and (c) a notification to consumers without an international roaming plan/package whose devices have registered abroad and who may incur charges for international usage. The notifications described above to postpaid consumers are based on information available at the time the notification is sent. Wireless consumers will not have to affirmatively sign up in order for these notifications to be sent. FTC clearly and conspicuously discloses tools or services that enable consumers to track, monitor and/or set limits on voice, messaging and data usage.

FTC Communications, LLC (“FTC”) hereby certifies that it is able to function in emergency situations as set forth in 47 C.F.R. § 54.202(a)(2)¹ and Section 103-690 of the South Carolina Code of Regulations. FTC’s network is designed to remain functional in emergency situations without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations as required by Section 54.202(a)(2) and Section 103-690 of the South Carolina Code of Regulations. FTC can change call routing translations as needed to reroute traffic around damaged facilities. Changing call routing translations will also allow FTC to manage traffic spikes throughout its network, as emergency situations require.

¹ Section 54.202(a)(2) requires ETCs that are designated by the Commission to “demonstrate its ability to remain functional in emergency situations, including a demonstration that it has a reasonable amount of back-up power to ensure functionality without an external power source, is able to reroute traffic around damaged facilities, and is capable of managing traffic spikes resulting from emergency situations.”

FTC WIRELESS
LIFELINE INITIAL ENROLLMENT FORM

Line 1210

Lifeline is a federal benefit that makes monthly telephone service more affordable for eligible households. Your household may receive Lifeline on **one wireless OR one home telephone, but not both**. Your household may not receive the Lifeline benefit from more than one telephone company. For the purpose of Lifeline, a household is an individual or any group of individuals who live together at the same address and share income or expenses. You may not transfer your Lifeline discount to another person, even if he or she is eligible. You may lose your Lifeline benefit and may be prosecuted by the United States government if you violate the one-per-household rule or otherwise make false statements to receive Lifeline.

Please complete the form below. You must give proof of eligibility with your application. Send the completed the form and proof of eligibility to: FTC Wireless, 1101 E Main Street, Kingstree, SC 29556.

Applicant Name _____		Phone Number _____																	
Email Address _____		Last 4 Digits of SSN _____ Date of Birth _____																	
Home Address																			
Street _____		Apt. _____	City _____ State _____ Zip Code _____																
Is your home address permanent? <input type="checkbox"/> YES <input type="checkbox"/> NO																			
Billing Address (If applicable)																			
Street _____		Apt. _____	City _____ State _____ Zip Code _____																
Person Eligible for Lifeline if Different than Applicant _____		Relationship to Applicant _____																	
<i>Initial here</i>	I give FTC Wireless permission to give my name, telephone number, and address to the Universal Service Administrative Company (USAC) or its agent to confirm that my household only receives one Lifeline benefit. If USAC finds that my household receives more than one Lifeline benefit, USAC will notify the telephone companies, and I will have to select one service and I will be de-enrolled from the other.																		
Check the appropriate statement																			
<input type="checkbox"/> I certify that I, my dependent, or someone else in my household receives assistance from at least one of the programs listed below and that I have provided proof of eligibility with my application. <i>(Please check all that apply)</i>																			
<input type="checkbox"/> Federal Public Housing Assistance/Section 8 <input type="checkbox"/> Low Income Home Energy Assistance (LIHEAP) <input type="checkbox"/> Medicaid <input type="checkbox"/> National School Lunch free lunch program <input type="checkbox"/> Supplemental Security Income (SSI) <input type="checkbox"/> Supplemental Nutrition Assistance Program (Food Stamps) <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)																			
OR																			
<input type="checkbox"/> I certify that my household income is at or below 135% of the Federal Poverty Guidelines		<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <th>Household Size</th> <th>Total Income</th> <th>Household Size</th> <th>Total Income</th> </tr> <tr> <td>1</td> <td>\$15,755</td> <td>3</td> <td>\$26,717</td> </tr> <tr> <td>2</td> <td>\$21,236</td> <td>4</td> <td>\$32,198</td> </tr> <tr> <td colspan="4">Add \$5,481 for each additional person</td> </tr> </table>		Household Size	Total Income	Household Size	Total Income	1	\$15,755	3	\$26,717	2	\$21,236	4	\$32,198	Add \$5,481 for each additional person			
Household Size	Total Income	Household Size	Total Income																
1	\$15,755	3	\$26,717																
2	\$21,236	4	\$32,198																
Add \$5,481 for each additional person																			
Number of people in your household <input style="width: 50px;" type="text"/>																			
<i>Initial each box</i>	I certify, under penalty of perjury, that:																		
	My household receives only one Lifeline-supported service, and to the best of my knowledge, no one in my household receives Lifeline from another telephone company.																		
	I understand that I must notify FTC Wireless within 30 days: (1) if I move to a new address; (2) if I, or the eligible person in my household, stops participating in the qualifying program checked above, or if my household income exceeds 135% of the federal poverty guidelines; (3) if my household receives more than one Lifeline discounted telephone; or 4) if my household, for any reason, no longer meets the criteria to receive Lifeline support. I understand that I may be penalized for failing to make the above notifications.																		
	I understand that I must recertify my Lifeline eligibility every year and that I will lose my Lifeline benefit if I do not recertify each year.																		
By signing below, I certify under penalty of perjury, that the above information is true to the best of my knowledge. I understand that Lifeline is a government program and I may be punished if I knowingly provide false or untrue information to receive Lifeline. Punishment may include being fined, imprisoned, or barred from the Lifeline program.																			
Signature _____		Date _____																	

For Office Use Only: Type of documentation reviewed ☐ Income _____ ☐ Program _____

Date Reviewed _____ Reviewed by: _____ Lifeline Household Worksheet? ☐ Yes ☐ No

Name	
Address	
Telephone Number	

Your **household** is everyone who lives together at your address as one economic unit (including children and people who are not related to you).

Spouses and domestic partners are considered to be part of the same household. Children under the age of 18 living with their parents or guardians are considered to be part of the same household as their parents or guardians. If an adult has no income, or minimal income, and lives with someone who provides financial support to that adult, both people are considered part of the same household.

You have been asked to complete this Worksheet because someone else currently receives a Lifeline-supported service at your address. This other person may or may not be a part of your household. Answer the questions below to determine whether there is more than one household residing at your address.

1. Does your spouse or domestic partner (that is, someone you are married to or in a relationship with) already receive a Lifeline-discounted phone? (check no if you do not have a spouse or partner) **YES** **NO**

- If you checked **YES**, you may not sign up for Lifeline because someone in your household already receives Lifeline. Only **ONE** Lifeline discount is allowed per household.
- If you checked **NO**, please answer question #2.

2. Other than a spouse or partner, do other adults (people over the age of 18 or emancipated minors) live with you at your address?

- A. A parent _____ **YES** _____ **NO** D. An adult roommate _____ **YES** _____ **NO**
 B. An adult son or daughter _____ **YES** _____ **NO** E. Other _____ **YES** _____ **NO**
 C. Another adult relative (such as a sibling, aunt, cousin, grandparent, grandchild, etc.) _____ **YES** _____ **NO**

- If you checked **NO** for each statement above, you do not need to answer the remaining questions. Please initial line B, below, and sign and date the worksheet.
- If you checked **YES**, please answer question #3.

3. Do you share living expenses (bills, food, etc.) and share income (either your income, the other person's income or both incomes together) with at least one of the adults listed above in question #2? **YES** **NO**

- If you checked **NO**, then your address includes **more than one household**. Please initial lines A and B below, and sign and date the worksheet.
- If you checked **YES**, then your address includes only **one household**. You may not sign up for Lifeline because someone in your household already receives Lifeline.

Please initial the certifications below and sign and date this worksheet. Submit this worksheet to FTC Wireless along with your Lifeline application.

- A. I certify that I live at an address occupied by multiple households.
- B. I understand that violation of the one-per-household requirement is against the Federal Communication Commission's rules and may result in me losing my Lifeline benefits, and potentially, prosecution by the United States government.

Signature _____ Date _____